ATTACHMENT B

1997 TRADE DIRECT MARKETING PROGRAM

INFORMATION SHEET

(DATE)

Chain name:	Avg. industry wkly. store vol.:
Chain address (include mailing & shipping):	Avg. RJR weekly store vol.:
	RJR Total SOM:
	Cigarette Outlet?: ☐
Chain ID#:	Convenience Store?: ☐
Chain Contact/Title:	Supermarket?: ☐
Phone #:	Fax #:
Total # chain stores: # Chain owned stores :	# Dealer strs:
Are cigarette packs and cartons priced competitively in this chain:	
RJR mgr./title:	Voice mail:
Division #: Division name:	Phone #:
Office address (include mailing & shipping):	Fax #:
Chain merchandising plan:	Is chain Retailer Accrual participant?
Is chain accrual match participant?	Accrual plan?
Total ***quarterly*** RAP ***base accrual*** dollars? $	
Total ***quarterly match*** dollars: RJR's ? $	Chain's? $
Total ***quarterly base accrual*** dollars left after GAP needs are met? $	
Which budget are you using (Retailer Accrual, Heavy-Up, etc.)?	
List # of participating stores by state, with total at end (ex.:80-SC,100-GA=275):	
Which are fair trade states (minimum pricing)?	
Which of these non-fair trade states?	
Program description,i.e., (6) $.40/pack coupons:	
Applicable brands:	
Effective beginning date:	Expiration date:
Mail out date:	Roll Fold or Postcard?
*Chain's ad agency:	Contact person:
Agency Address:	Phone #:
	Fax #:
IMPORTANT! E-Mail this form to Nikki D. Lail in home office. Zip code/address information should be e-mailed at the same time (see ***Attachment C***).	
COMMENTS:	

97INFOST.DOC 8/21/97

* Can be provided at a later date

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TDM1.doc

Source: https://www.industrydocuments.ucsf.edu/docs/rmbp0000

ATTACHMENT C

1997 TRADE DIRECT MARKETING PROGRAM

SIS ACCOUNT NUMBER/ ADDRESS/ ZIP CODE REQUEST INSTRUCTIONS

- The field is responsible for ***e-mailing*** a store list with SIS account numbers, addresses and zip codes to the home office with ***Attachment B*** (information sheet). These two items are needed before counts (a.k.a. number of households) can be pulled from the RJR data base.

- Create in Excel Version 5.0 via data grab, and ***only*** include the six elements listed at the head of each column in the example given below.

- Each address should include a ***street number*** and ***street name***. It may be necessary for you to contact the chain to obtain complete addresses, and to update these addresses in SIS prior to pulling the data grab.

- Please follow example given below when formatting your chain's information:

EXAMPLE

SHEETZ STORE LIST FOR JANUARY FULL PRICE ROLL FOLD					
CID#: 0568-XX-XX					
5 Total Retail Accounts Participating/ 2 States					
13-October-96					
ACCT	**FULL NAME**	**ADDR1**	**CITY**	**STATE**	**ZIP**
312489	SHEETZ #91	400 THIRD ST	BEAVER	PA	15009
880923	SHEETZ #128	480 ADAMS ST	ROCHESTER	PA	15074
550580	SHEETZ #55	5090 BIGLER AVE	BARNESBORO	PA	15714
142064	SHEETZ #62	314 E MAIN ST	FROSTBURG	MD	21532
861275	SHEETZ #200	428 N CHURCH ST	THURMONT	MD	21788

- Use ***font 8*** and ***portrait*** page orientation.

- Zip codes should be in ***ascending*** order.

- ***E-Mail*** to Nikki D. Lail in home office - ***do not fax!***

- Home Office Contacts: K Wadia - ext. 7004
  Jacquie McLaurin - ext. 4382
  Nikki Lail - ext. 0460

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97ZIPCOD.DOC 9/5/96

TDM1.doc

Source: https://www.industrydocuments.ucsf.edu/docs/rmbp0000

ATTACHMENT D

1997 TRADE DIRECT MARKETING PROGRAM

PROGRAM RESULTS

_____
(DATE)

Please return completed form within four weeks of program expiration date to: Nikki Lail, R. J. Reynolds Tobacco Co., P.O. Box 2959, 401 N. Main St., Winston-Salem, NC 27102-2959.

- Chain:
- RJR Field Sales Manager:
- Program Description & Effective Dates:
  Mail Out Date:
  Expiration Date:
  Quantity:
  States:
  Brands:
- How many coupons were redeemed in this program?
- What other benefits were you able to gain with this chain by leveraging this program?
- What were the reactions of retailer's surrounding stores in program?
- What was participating chain's overall perspective to this program?
- Additional Comments:
- Attach AIM report #185 reflecting data for entire period of program, and AIM report reflecting data for the same number of weeks prior to the program.

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RESULTS.DOC 8/23/96

TDM1.doc

Source: https://www.industrydocuments.ucsf.edu/docs/rmbp0000

ATTACHMENT E

1997 TRADE DIRECT MARKETING PROGRAM

POSTCARD DEADLINES

	POSTCARD MAILING #1	POSTCARD MAILING #2	POSTCARD MAILING #3	POSTCARD MAILING #4	POSTCARD MAILING #5
Identify Chain; Contact TDMG	10/22	12/24	2/18	4/22	7/15
Chain Presentation with TDMG	11/19	1/21	3/18	5/20	8/12
Chain Logo to TDMG	12/10	2/11	4/8	6/10	9/2
Color Proof to KAM for Chain Approval	12/31	3/4	4/29	7/1	9/23
Chain Proof Approval to TDMG	1/7	3/11	5/6	7/8	9/30
Field/Chain Program Communication	1/28	4/1	5/27	7/29	10/21
Mail Out Date; Samples Mailed to KAM/Chain	2/25	4/29	6/24	8/26	11/17
$ Transferred	Upon completion of purchase order				
Results to TDMG	4 weeks after expiration date				

PCSTABLE:8/16/96

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Source: https://www.industrydocuments.ucsf.edu/docs/rmbp0000

ATTACHMENT E

1997 TRADE DIRECT MARKETING PROGRAM

ROLLFOLD DEADLINES

	ROLLFOLD MAILING #1	ROLLFOLD MAILING #2	ROLLFOLD MAILING #3	ROLLFOLD MAILING #4	ROLLFOLD MAILING #5
Identify Chain; Contact TDMG	8/13	10/29	12/24	3/4	6/3
Chain Presentation with TDMG	9/10	11/26	1/21	4/1	7/1
Chain's Top Panel Art to Coyne-Beahm Agency	10/8	12/24	2/18	4/29	7/29
Color Proof to KAM for Chain Approval	11/5	1/21	3/18	5/27	8/26
Chain Proof Approval to TDMG	11/12	1/28	3/25	6/3	9/2
Field/Chain Program Communication	12/10	2/25	4/22	7/1	9/30
Mail Out Date; Samples Mailed to KAM/Chain	1/7	3/25	5/20	7/29	10/28
$ Transferred	Upon completion of purchase order				
Results to TDMG	4 weeks after expiration date				

RFSTABLE:8/16/96

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Source: https://www.industrydocuments.ucsf.edu/docs/rmbp0000